

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of December 2018

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-18	Expense Claim	Meetings		21		308	329			
Dec-18	Direct Billing	Meetings			170		170			
Total			\$ -	\$ 21	\$ 170	\$ 308	\$ 499	\$ -	\$ -	\$ -

Total for the Month \$ 499

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 159
Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

**BOARD MEMBER
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION

Name:	Hugh D. Sommerville	Expense Period Month:	Dec-18
Address:	[Redacted]	City:	[Redacted]
Province:	[Redacted]	Postal Code:	[Redacted]
		Country:	Canada
Reason for Expense	Attended Board Meeting on December 12, 2018 in Edmonton		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Or g	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$20.75 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$308.05 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$328.80 ✓

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: [Signature]	Date	Phone#
Hugh D. Sommerville		09-01-2019	[Redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Linda Hughes	Board Chair
Signature: [Signature]	Date
	Mar 28/19

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Access to Information Act, and the Access to Information Act, respectively, for the purposes of:

Mar 28/19
 Deborah Rhodes
 Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Hugh D. Sommerville	Expense Period Month:	Dec-18
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
12-Dec-2018	Mileage from Drumheller to Edmonton and return to attend Board Meeting on December 12, 2018	Yes	D-\$20.75	\$20.75					610	
Total: (amount auto fills to page 1)				\$20.75	✓	\$0.00	\$0.00	\$0.00	\$0.00	610.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 308.05
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Carry forward from Section 1

Name:	Hugh D. Sommerville	Expense Period Month:	Dec-18
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

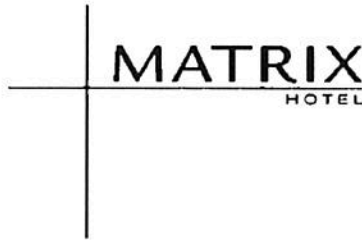
It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Hugh Sommerville	Reporting Period for the Month of : Dec-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Dec-18	Direct Billing	Hotel	One night accommodation to attend Private Board Meetings on December 12, 2018 in Edmonton.	Vision Travel	\$170.32
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ 170.32



AB Health Services
Accounts Payable
P.O. Box 1600
Suite 300, 10030 - 107 Street NW
Edmonton AB T5J 2N9
Canada

Room No. [REDACTED]
Arrival : 12-11-18
Departure : 12-12-18
Folio No. [REDACTED]

Guest Name: Sommerville, Hugh
Cost Centre: 101.0005.71110300000
Approving Manager: [REDACTED]
INVOICE

Invoice No. [REDACTED]
AR No. [REDACTED]
Conf. No. [REDACTED]

Date	Description	Charges	Credits
12-11-18	Room Revenue	159.00	
12-11-18	Destination Marketing Fee	4.77	
12-11-18	Tourism Levy	6.55	
		Total Charges	170.32
		Total Credits	0.00
		Balance	170.32